

Transition Checklist and Timeline for Southeast LA

Parishes of: Livingston; St. Helena; St. Tammany; Tangipahoa; Washington

Name: _____ MR # _____

Physician: _____ Date initiated _____

Use your clinical judgment as to which items apply to the youth. **Mark NA** if item does not apply for this youth.
Mark an X when item is discussed and completed for each age group.

| HEALTH CARE | Ages 12 - 15 | Ages 16 - 18 | Ages 19-21 |
|---|--------------------------|--------------------------|--------------------------|
| • Youth meets privately with MD/staff for part of the office visit | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Encourage the adolescent to assume increasing responsibility for his/her health care management: | | | |
| • Assess youth's understanding of his/her health condition and medications | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Assess ability of youth to understand and participate in/ perform health care routine | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Assess youth/family readiness for transfer to adult health care providers: | | | |
| • Discuss transfer to adult health care providers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Identify possible adult health care providers/sub-specialists | NA | <input type="checkbox"/> | <input type="checkbox"/> |
| • Encourage youth/family to meet with adult health care providers | NA | <input type="checkbox"/> | <input type="checkbox"/> |
| Implement the transfer to adult health care providers: | | | |
| • Send copies of medical record to identified adult health care providers along with discharge summary | NA | <input type="checkbox"/> | <input type="checkbox"/> |
| Assess youth's ability to make independent decisions for health care, finances and concerns for determining guardianship/conservatorship: | | | |
| • Initiate referral for assessment of competence, as needed | NA | <input type="checkbox"/> | <input type="checkbox"/> |
| • Follow-up on consent, guardianship and confidentiality processes | NA | <input type="checkbox"/> | <input type="checkbox"/> |
| HEALTH INSURANCE: | | | |
| • Verify current and future insurance coverage; inform about SSI Disability, Medicaid Bayou Health Plans, private health insurance; Advocacy Center www.advocacyla.org ; pharmacy assistance programs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| EDUCATION & WORK - independent vs. sheltered: | | | |
| • Discuss types of HS Diplomas; IEP - transition plan; further education beyond high school | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Referral to La Rehabilitation Services: www.dcfs.state.la.us ; La Disability Program Navigator Initiative: www.laworks.net | NA | <input type="checkbox"/> | <input type="checkbox"/> |
| INDEPENDENT LIVING: | | | |
| • Assess adult living plans; check status on Waiver list | NA | <input type="checkbox"/> | <input type="checkbox"/> |
| • Referral to: Independent Living Program, Community and Family Support; Resources for Independent Living: www.noril | NA | <input type="checkbox"/> | <input type="checkbox"/> |
| ANTICIPATORY GUIDANCE: | | | |
| • Discuss Safety concerns & when to call 911 for emergencies only | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Discuss dental, nutrition/weight concerns | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Discuss social relationships, sexuality, mental and behavioral health | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Discuss leisure activities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

For further help you may refer family to:

Families Helping Families of Northshore LA 985-875-0511; 1-800-383-8700 www.fhfnorthshore.org

Provided by LA Children's Special Health Services 08/2012; for more information visit CSHS at <http://cshs.dhh.la.gov>